

# CITY OF BRIDGEPORT, CONNECTICUT

The City of Bridgeport is now accepting submissions for the position of

#### **GRANT WRITER**

## **Department of Central Grants**

The Bridgeport Department of Central Grants reviews, prepares, and submits grant applicants to various sources on behalf of the City and monitors the budgetary and financial aspects of grant use for compliance. This office seeks alternative sources of income, administers grant-funded programs, and serves as a funding resource center so that City Departments and locally based non-profit agencies can improve, expand, or enhance programs and service delivery without increasing the burden of the city's taxpayers.

We invite you to explore our site to discover more: <a href="https://www.bridgeportct.gov/government/departments/central-grants">https://www.bridgeportct.gov/government/departments/central-grants</a>

**Salary and Benefits:** \$70,411.00 per year. Starting salary shall be commensurate with experience and qualification as determined by the City. This position is affiliated with the Connecticut Laborers' District Council for the Bridgeport Public Employees Union Local 665 and includes an extensive package of benefits as outlined with the associated collective bargain agreement (aka "union contract"). These benefits shall include health insurance coverage (medical, dental, vision, prescription), a term life insurance policy, paid leave (sick, vacation, personal), paid holidays, 457(b) deferred compensation plan (employee paid), and other voluntary employee paid benefits.

To Apply: Please email cover letter, resume, and supplied application to COB.Jobs@BridgeportCT.gov.

## Accepting complete submissions until January 14, 2023.

(Any/all changes to this opening shall be at the discretion of the City of Bridgeport)

This position will require a pre-employment medical examination and drug testing.

#### Municipal Profile

The City of Bridgeport is located in Fairfield County at the mouth of the Pequonnock River on Long Island Sound. It is bordered by the towns of Trumbull to the north, Fairfield to the west, and Stratford to the east; with an approximate population of 147,000, 50,367 households, and a population density of 9,226 residents per square mile. The city has a Mayor-City Council form of government. The City's Mayor is the chief executive officer of the City and serves four-year term(s). The City Council, which acts as the City's legislative body, consists of twenty (20) members elected for two-year terms.

#### GENERAL STATEMENT OF DUTIES

Under the supervision of the Director of the Central Grants Office, the Grant Writer researches, assists in the development of programs, applies for, and secures state federal and private grants for City initiated projects.

**SUPERVISION RECEIVED:** Acts under the supervision of the Central Grants Office.

#### ESSENTIAL DUTIES AND RESPONSIBILITIES

The essential functions or duties described below are the primary functions and duties of the position. There may be other types of work that may be performed, and the omission of a particular duty or function does not exclude that duty or function from the position provided the duty or function is similar in work, related to the work or logically assigned to the position.

- Acts as a source of information and technical assistance to City Departments and outside organizations for new grants from the public and private sector.
- Identify the funding needs of the various city departments and seek grants to meet those needs.

- Coordinate collaborative efforts when multiple grant seekers are applying for single funding sources.
- Write/apply for grants and state special acts funds.
- Write renewals and extensions for grants.
- Work with legislators, attend public hearings and make presentations to secure grant funds.
- Oversee the execution of grant agreements and grant to be handed over to the department responsible for implementing the grant.
- Design, construct and maintain databases.
- Assist in data collection.

#### MINIMUM EDUCATIONAL REQUIREMENTS

• College degree in related field.

#### **EXPERIENCE:**

- Minimum of three (3) years progressively responsible experience in grant writing and grant management.
- Background in development, fundraising and grant writing is required.
- Experience in public service is desirable.

### KNOWLEDGE, SKILLS, AND ABILITIES

- Working knowledge of Microsoft Word and Excel.
- An understanding of intergovernmental relations.
- Ability to communicate effectively both verbally and in writing.
- Ability to meet deadlines and work under pressure.
- Ability to facilitate meetings and make public presentations.

## PHYSICAL DEMANDS AND WORK ENVIRONMENT

The physical demands and work environment characteristics described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations which do not cause undue hardship may be made to enable individuals with disabilities to perform the essential functions.

- Essential and marginal functions may require maintaining the physical condition necessary for sitting for prolonged periods of time. Tasks may involve extended periods of time at a keyboard or workstation. Frequent downward flexion of neck, side-to-side turning of the neck, fine finger dexterity and grasp to manipulate the keyboard, telephone, writing instruments, papers, books, manuals, and reports.
- Ability to see and read objects closely, as in typing from another document, reading/proofreading a report, read plans, using a computer monitor, filing and/or retrieving information from a filing system and verifying the accuracy of financial information.

The City of Bridgeport is An Equal Opportunity Employer for All

For further information and contact: CIVIL SERVICE COMMISSION 45 LYON TERRACE BRIDGEPORT, CT 06604 TELEPHONE: (203) 576-7103 This job description is not, nor is to be intended to be, a complete statement of all duties, functions, responsibilities, and qualifications which comprise this position. The above is intended as general summary only. You should not rely on it as a complete or binding explanation. This summary is subject to the reasonable discretion of city management. This summary does not constitute a contract of employment, express or implied, between the employee and City of Bridgeport. This is an informational guide and is subject to correction of any information which may have been inadvertently misstated.



# CITY OF BRIDGEPORT, CONNECTICUT CIVIL SERVICE COMMISSION

CITY HALL • 45 LYON TERRACE • BRIDGEPORT, CONNECTICUT 06604

## **Employment Application**

| Position Ap  | r                      |                  |            |                 |             |          |         |                              |                |              | Date                                  |   |  |                  |     |       |   |      |  |  |
|--|------------------------|------------------|------------|-----------------|-------------|----------|---------|------------------------------|----------------|--------------|---------------------------------------|---|--|------------------|-----|-------|---|------|--|--|
| 1001761  | N TOANT INFORMATION    |                  |            |                 |             |          |         |                              |                |              |                                       |   |  |                  |     |       |   |      |  |  |
| APPLICANT INFORMATION  First Management of the second of t |                        |                  |            |                 |             |          |         |                              |                |              |                                       |   |  |                  |     |       |   |      |  |  |
| Last Name  |                        |                  |            |                 |             |          |         | Nai                          |                |              | M.I.                                  |   |  |                  |     |       |   |      |  |  |
| Mailing<br>Address   |                        |                  |            |                 |             |          |         |                              |                |              |                                       |   |  | Apartment/Unit # |     |       |   |      |  |  |
| City   |                        |                  |            |                 |             |          |         | State                        |                | <u> </u>     |                                       |   |  | ZIP              |     |       |   |      |  |  |
| Phone  |                        |                  |            |                 |             |          |         |                              | E-mail Address |              |                                       |   |  |                  |     |       |   |      |  |  |
| Commercia<br>Drivers Lice<br>(CDL) (Yes,   | License                |                  |            |                 |             |          |         | CT Driv<br>License<br>(Yes/N | 2              |              |                                       |   |  |                  |     |       |   |      |  |  |
| Are you a citizen of the United States?  |                        |                  |            | es?             | YES         | s 🗆      | NO 🗌 If |                              |                | no, are      | e you authorized to work in the U.S.? |   |  |                  | ? \ | res 🗆 | ] | NO 🗌 |  |  |
| Have you ever worked for the City of Bridgeport before?  |                        |                  |            |                 | YES         | S 🗌      | NC      | ) [                          | If s           | so, who      | hen?                                  |   |  |                  |     |       |   |      |  |  |
| EDUCATI  | ON                     |                  |            |                 |             |          |         |                              |                |              |                                       |   |  |                  |     |       |   |      |  |  |
| High<br>School   | lon                    |                  |            |                 | Ac          |          |         | dress                        |                |              |                                       |   |  |                  |     |       |   |      |  |  |
| From   |                        | To Did you       |            | Did you graduat | e?          | e? YES 🗆 |         | NO 🗆                         |                |              | Degree                                | е |  |                  |     |       |   |      |  |  |
| College  | ollege                 |                  |            |                 |             | Ad       |         |                              | ddress         |              |                                       |   |  |                  |     |       |   |      |  |  |
| From   |                        | To Did you gradu |            |                 | e? YES 🗆    |          |         | NO 🗆                         |                |              | Degree                                | 9 |  |                  |     |       |   |      |  |  |
| Other  |                        |                  |            |                 | Address     |          |         | dress                        |                |              |                                       |   |  |                  |     |       |   |      |  |  |
| From   | rom To Did you graduat |                  |            | e?              | e? YES 🗌 NO |          |         |                              | Degree         |              |                                       |   |  |                  |     |       |   |      |  |  |
| REFEREN  | CES                    |                  |            |                 |             |          |         |                              |                |              |                                       |   |  |                  |     |       |   |      |  |  |
| Please list  | three p                | profes           | sional ret | ferences.       |             |          |         |                              |                |              |                                       |   |  |                  |     |       |   |      |  |  |
| Full Name  |                        |                  |            |                 |             |          |         |                              | Relat          | tionship     |                                       |   |  |                  |     |       |   |      |  |  |
| Company  |                        |                  |            |                 |             |          |         |                              | Phon           | Phone        |                                       |   |  |                  |     |       |   |      |  |  |
| Address  |                        |                  |            |                 |             |          |         |                              |                |              |                                       |   |  |                  |     |       |   |      |  |  |
| Full Name  |                        |                  |            |                 |             |          |         |                              | Relationship   |              |                                       |   |  |                  |     |       |   |      |  |  |
| Company  |                        |                  |            |                 |             |          |         |                              | Phone          |              |                                       |   |  |                  |     |       |   |      |  |  |
| Address  |                        |                  |            |                 |             |          |         |                              |                |              |                                       |   |  |                  |     |       |   |      |  |  |
| Full Name  | ne                     |                  |            |                 |             |          |         |                              | Relat          | Relationship |                                       |   |  |                  |     |       |   |      |  |  |
| Company  | ompany                 |                  |            |                 |             |          |         |                              |                | Phon         | Phone                                 |   |  |                  |     |       |   |      |  |  |
| Address  |                        |                  |            |                 |             |          |         |                              |                |              |                                       |   |  |                  |     |       |   |      |  |  |

| PREVIOUS EMPLOYMENT   |   |  |  |    |               |       |             |  |  |  |  |  |  |
|---|---|--|--|----|---------------|-------|-------------|--|--|--|--|--|--|
| Company   |   |  |  |    |               | Phone |             |  |  |  |  |  |  |
| Address   |   |  |  |    |               |       | Supervisor  |  |  |  |  |  |  |
| Job Title   |   |  |  |    |               |       |             |  |  |  |  |  |  |
| Responsibi  | lities  |  |  |    |               |       |             |  |  |  |  |  |  |
| From To Reason for Leaving  |   |  |  |    |               |       |             |  |  |  |  |  |  |
| May we co   | May we contact your previous supervisor for a reference?                  |  |  |    |               |       |             |  |  |  |  |  |  |
| Company   |   |  |  |    |               |       | Phone       |  |  |  |  |  |  |
| Address   |   |  |  |    |               |       | Supervisor  |  |  |  |  |  |  |
| Job Title   |   |  |  |    |               |       |             |  |  |  |  |  |  |
| Responsibilities  |   |  |  |    |               |       |             |  |  |  |  |  |  |
| From  |   | To Reason for Leaving                        |  |    |               |       |             |  |  |  |  |  |  |
| May we co   | ntact yo  | ct your previous supervisor for a reference? |  |    |               |       | NO          |  |  |  |  |  |  |
|   |   |  |  |    |               |       |             |  |  |  |  |  |  |
|   | Company   |  |  |    |               |       | Phone       |  |  |  |  |  |  |
| Address   |   |  |  |    |               |       | Supervisor  |  |  |  |  |  |  |
|   | Job Title   |  |  |    |               |       |             |  |  |  |  |  |  |
|   | Responsibilities  |  |  |    |               |       |             |  |  |  |  |  |  |
| From To Reason for Leaving  |   |  |  |    |               |       |             |  |  |  |  |  |  |
| May we co   | May we contact your previous supervisor for a reference?  YES  NO  NO  NO |  |  |    |               |       |             |  |  |  |  |  |  |
| <b>DEMOGRAPHICS</b> For purposes of Affirmative Action, we are requesting that you fill out the data below. This data will in no way be used to influence your possible selection for any position. The purpose of collecting this data is statistical and may help this office to determine whether advertising is reaching all segments of the community. |   |  |  |    |               |       |             |  |  |  |  |  |  |
| GENDER: FEMALE MALE HISPANIC or L   |   |  |  |    |               |       | _ATINO      |  |  |  |  |  |  |
| ETHNICITY: WHITE ASIAN BLACK or AFRICA  |   |  |  |    |               |       | N AMERICAN  |  |  |  |  |  |  |
| NATIVE HAWAIIAN or PACIFIC ISLANDER   |   |  |  |    |               |       |             |  |  |  |  |  |  |
| IN CASE<br>Name:  | IN CASE OF EMERGENCY, PLEASE NOTIFY:  Name:  Name:                        |  |  |    |               |       |             |  |  |  |  |  |  |
| Relationship:   |   |  |  | Re | Relationship: |       |             |  |  |  |  |  |  |
| Home Phone:   |   |  |  |    |               |       | Home Phone: |  |  |  |  |  |  |
| Work Phone:   |   |  |  |    |               |       | Vork Phone: |  |  |  |  |  |  |
| Cell Phone:   |   |  |  |    |               |       | ell Phone:  |  |  |  |  |  |  |

| DISCLAIMER AND SIGNATURE |  |      |  |  |  |  |  |  |  |
|--------------------------|--|------|--|--|--|--|--|--|--|
| Signature                |  | Date |  |  |  |  |  |  |  |

I certify that all information supplied on this application is accurate and truthful to the best of my knowledge. I understand that any misrepresentation of facts is cause for refusal of employment and/or termination of employment.

I understand that, if I am hired as a seasonal or part-time employee, I am not eligible for any City of Bridgeport sponsored benefits.

In the case of an emailed application, entering your name above will constitute an electronic signature. You may be asked to sign this application in person if you are offered a position with the City of Bridgeport.

It is the policy of the City of Bridgeport to employ, train, compensate, and promote individuals without regard to race, religion, national origin, sex, sexual orientation, age, disability, veteran status, or other characteristics protected by law.